

The Kansas Youth Tobacco Survey

This survey is about tobacco use. This is NOT a test! It will help us **develop better tobacco education programs** for young people like you.

DO NOT WRITE YOUR NAME ON THE SURVEY. Your answers will be kept private. **No one will know what you write.** Answer the questions based on what you really know or do.

Taking part in this survey is voluntary. Your grades will not be affected, and no one will ever know your answers.

The questions about your background will only be used to describe the types of students completing this survey. **The information will not be used to find out your name.** No names will ever be reported.

Make sure you read every question on the survey. Be as honest as you can with your answers. **USE THE PENCIL PROVIDED. Be sure you fill in the circles completely.** When you are finished, sit quietly and wait for instructions from the person giving the survey.



START HERE

THE FIRST QUESTIONS ASK FOR SOME BACKGROUND INFORMATION ABOUT YOU.

1. **How old are you?**
 - ☐ 11 years old or younger
 - ☐ 12 years old
 - ☐ 13 years old
 - ☐ 14 years old
 - ☐ 15 years old
 - ☐ 16 years old
 - ☐ 17 years old
 - ☐ 18 years old or older
2. **What is your gender?**
 - ☐ Female
 - ☐ Male
3. **What grade are you in?**
 - ☐ 6th
 - ☐ 7th
 - ☐ 8th
 - ☐ 9th
 - ☐ 10th
 - ☐ 11th
 - ☐ 12th
 - ☐ Ungraded or other grade
4. **How do you describe yourself? (You can CHOOSE ONE ANSWER, or MORE THAN ONE)**
 - ☐ American Indian or Alaskan Native
 - ☐ Asian
 - ☐ Black or African American
 - ☐ Hispanic or Latino
 - ☐ Native Hawaiian or Other Pacific Islander
 - ☐ White
5. **Which one of these groups BEST describes you? (CHOOSE ONLY ONE ANSWER)**
 - ☐ American Indian or Alaska Native
 - ☐ Asian
 - ☐ Black or African American
 - ☐ Hispanic or Latino
 - ☐ Native Hawaiian or Other Pacific Islander
 - ☐ White

6. **How tall are you without your shoes on?**
 Directions: Write your height in the blank boxes shown below. Fill in the matching oval below each number on the data entry grid. For example: For a person who is 5 feet 7 inches tall the data entry grid would be filled out as follows:

Example	
Height	
Feet	Inches
5	7
<input type="radio"/> 3	<input type="radio"/> 0
<input type="radio"/> 4	<input type="radio"/> 1
<input checked="" type="radio"/> 5	<input type="radio"/> 2
<input type="radio"/> 6	<input type="radio"/> 3
<input type="radio"/> 7	<input type="radio"/> 4
	<input type="radio"/> 5
	<input type="radio"/> 6
	<input checked="" type="radio"/> 7
	<input type="radio"/> 8
	<input type="radio"/> 9
	<input type="radio"/> 10
	<input type="radio"/> 11

Height	
Feet	Inches
<input type="radio"/> 3	<input type="radio"/> 0
<input type="radio"/> 4	<input type="radio"/> 1
<input type="radio"/> 5	<input type="radio"/> 2
<input type="radio"/> 6	<input type="radio"/> 3
<input type="radio"/> 7	<input type="radio"/> 4
	<input type="radio"/> 5
	<input type="radio"/> 6
	<input type="radio"/> 7
	<input type="radio"/> 8
	<input type="radio"/> 9
	<input type="radio"/> 10
	<input type="radio"/> 11

7. **How much do you weigh without your shoes on?**
 Directions: Write your weight in the blank boxes shown below. Fill in the matching oval below each number on the data entry grid. For example: For a person who weighs 152 pounds the data entry grid would be filled out as follows:

Example			
Weight			
Pounds			
1	5	2	
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	
<input checked="" type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	
<input type="radio"/> 2	<input type="radio"/> 2	<input checked="" type="radio"/> 2	
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	
	<input type="radio"/> 4	<input type="radio"/> 4	
	<input checked="" type="radio"/> 5	<input type="radio"/> 5	
	<input type="radio"/> 6	<input type="radio"/> 6	
	<input type="radio"/> 7	<input type="radio"/> 7	
	<input type="radio"/> 8	<input type="radio"/> 8	
	<input type="radio"/> 9	<input type="radio"/> 9	

Weight			
Pounds			
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	
	<input type="radio"/> 4	<input type="radio"/> 4	
	<input type="radio"/> 5	<input type="radio"/> 5	
	<input type="radio"/> 6	<input type="radio"/> 6	
	<input type="radio"/> 7	<input type="radio"/> 7	
	<input type="radio"/> 8	<input type="radio"/> 8	
	<input type="radio"/> 9	<input type="radio"/> 9	

8. **During the last 4 weeks, about how much money did you have each week to spend any way you want to?**
- ☐ None
 - ☐ Less than \$1
 - ☐ \$1 to \$5
 - ☐ \$6 to \$10
 - ☐ \$11 to \$20
 - ☐ \$21 to \$50
 - ☐ More than \$50

THE FOLLOWING QUESTIONS ARE COLLECTED FOR DEMOGRAPHIC PURPOSES ONLY.

9. **Are you Hispanic or Latino?**
- ☐ Yes
 - ☐ No
10. **How do you describe yourself? (You can CHOOSE ONE ANSWER, or MORE THAN ONE)**
- ☐ American Indian or Alaska Native
 - ☐ Asian
 - ☐ Black or African American
 - ☐ Native Hawaiian or Other Pacific Islander
 - ☐ White

THE NEXT GROUP OF QUESTIONS ASKS ABOUT TOBACCO USE.

Cigarette Smoking

11. **Have you ever tried cigarette smoking, even one or two puffs?**
- ☐ Yes
 - ☐ No
12. **How old were you when you smoked a whole cigarette for the first time?**
- ☐ I have never smoked a whole cigarette
 - ☐ 8 years old or younger
 - ☐ 9 or 10 years old
 - ☐ 11 or 12 years old
 - ☐ 13 or 14 years old
 - ☐ 15 or 16 years old
 - ☐ 17 years old or older
13. **About how many cigarettes have you smoked in your entire life?**
- ☐ None
 - ☐ 1 or more puffs but never a whole cigarette
 - ☐ 1 cigarette
 - ☐ 2 to 5 cigarettes
 - ☐ 6 to 15 cigarettes (about 1/2 a pack total)
 - ☐ 16 to 25 cigarettes (about 1 pack total)
 - ☐ 26 to 99 cigarettes (more than 1 pack, but less than 5 packs)
 - ☐ 100 or more cigarettes (5 or more packs)

14. Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days?

- ☐ Yes
- ☐ No

15. During the past 30 days, on how many days did you smoke cigarettes?

- ☐ 0 days
- ☐ 1 or 2 days
- ☐ 3 to 5 days
- ☐ 6 to 9 days
- ☐ 10 to 19 days
- ☐ 20 to 29 days
- ☐ All 30 days

16. During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?

- ☐ I did not smoke cigarettes during the past 30 days
- ☐ Less than 1 cigarette per day
- ☐ 1 cigarette per day
- ☐ 2 to 5 cigarettes per day
- ☐ 6 to 10 cigarettes per day
- ☐ 11 to 20 cigarettes per day
- ☐ More than 20 cigarettes per day

17. During the past 30 days, what brand of cigarettes did you usually smoke? (CHOOSE ONLY ONE ANSWER)

- ☐ I did not smoke cigarettes during the past 30 days
- ☐ I do not have a usual brand
- ☐ Camel
- ☐ Marlboro
- ☐ Newport
- ☐ Virginia Slims
- ☐ GPC, Basic, or Doral
- ☐ Some other brand

18. Are the cigarettes you usually smoke menthol cigarettes?

- ☐ I do not smoke cigarettes
- ☐ Yes
- ☐ No

19. During the past 30 days, how did you usually get your own cigarettes? (CHOOSE ONLY ONE ANSWER)

- ☐ I did not smoke cigarettes during the past 30 days
- ☐ I bought them in a store such as a convenience store, supermarket, discount store, or gas station
- ☐ I bought them from a vending machine
- ☐ I gave someone else money to buy them for me
- ☐ I borrowed (or bummed) them from someone else
- ☐ A person 18 years old or older gave them to me
- ☐ I took them from a store or family member
- ☐ I got them some other way

20. During the past 30 days, where did you buy the last pack of cigarettes you bought? (CHOOSE ONLY ONE ANSWER)

- ☐ I did not buy a pack of cigarettes during the past 30 days
- ☐ A gas station
- ☐ A convenience store
- ☐ A grocery store
- ☐ A drugstore
- ☐ A vending machine
- ☐ I bought them over the Internet
- ☐ Other

21. When you bought or tried to buy cigarettes in a store during the past 30 days, were you ever asked to show proof of age?

- ☐ I did not try to buy cigarettes in a store during the past 30 days
- ☐ Yes, I was asked to show proof of age
- ☐ No, I was not asked to show proof of age



22. During the past 30 days, did anyone ever refuse to sell you cigarettes because of your age?

- ☐ I did not try to buy cigarettes in a store during the past 30 days
- ☐ Yes, someone refused to sell me cigarettes because of my age
- ☐ No, no one refused to sell me cigarettes because of my age

23. During the past 30 days, on how many days did you smoke cigarettes on school property?

- ☐ 0 days
- ☐ 1 or 2 days
- ☐ 3 to 5 days
- ☐ 6 to 9 days
- ☐ 10 to 19 days
- ☐ 20 to 29 days
- ☐ All 30 days

24. When was the last time you smoked a cigarette, even one or two puffs?

- ☐ I have never smoked even one or two puffs
- ☐ Earlier today
- ☐ Not today but sometime during the past 7 days
- ☐ Not during the past 7 days but sometime during the past 30 days
- ☐ Not during the past 30 days but sometime during the past 6 months
- ☐ Not during the past 6 months but sometime during the past year
- ☐ 1 to 4 years ago
- ☐ 5 or more years ago

25. How long can you go without smoking before you feel like you need a cigarette?

- ☐ I have never smoked cigarettes
- ☐ I do not smoke now
- ☐ Less than an hour
- ☐ 1 to 3 hours
- ☐ More than 3 hours but less than a day
- ☐ A whole day
- ☐ Several days
- ☐ A week or more

26. Do you want to stop smoking cigarettes?

- ☐ I do not smoke now
- ☐ Yes
- ☐ No

27. During the past 12 months, did any doctor, dentist, nurse, or other health professional ask you if you smoke?

- ☐ Yes
- ☐ No
- ☐ Don't know / not sure

28. During the past 12 months, did any doctor, dentist, nurse, or other professional advise you not to smoke?

- ☐ Yes
- ☐ No
- ☐ Don't know/not sure

29. Has a doctor or nurse ever told you that you have asthma?

- ☐ Yes
- ☐ No
- ☐ Not sure

30. During the past 12 months, have you had an episode of asthma or an asthma attack?

- ☐ Yes
- ☐ No

31. During the past 12 months, did you ever try to quit smoking cigarettes?

- ☐ I did not smoke during the past 12 months
- ☐ Yes
- ☐ No



32. How many times during the past 12 months have you stopped smoking for one day or longer because you were trying to quit smoking?

- ☐ I have not smoked in the past 12 months
- ☐ I have not tried to quit
- ☐ 1 time
- ☐ 2 times
- ☐ 3 to 5 times
- ☐ 6 to 9 times
- ☐ 10 or more times

33. When you last tried to quit, how long did you stay off cigarettes?

- ☐ I have never smoked cigarettes
- ☐ I have never tried to quit
- ☐ Less than a day
- ☐ 1 to 7 days
- ☐ More than 7 days but less than 30 days
- ☐ 30 days or more but less than 6 months
- ☐ 6 months or more but less than a year
- ☐ 1 year or more

Smokeless Tobacco: Chewing Tobacco, Snuff, or Dip

34. Have you ever used chewing tobacco, snuff, or dip, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?

- ☐ Yes
- ☐ No

35. How old were you when you used chewing tobacco, snuff, or dip for the first time?

- ☐ I have never used chewing tobacco, snuff, or dip
- ☐ 8 years old or younger
- ☐ 9 or 10 years old
- ☐ 11 or 12 years old
- ☐ 13 or 14 years old
- ☐ 15 or 16 years old
- ☐ 17 years old or older

36. During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip?

- ☐ 0 days
- ☐ 1 or 2 days
- ☐ 3 to 5 days
- ☐ 6 to 9 days
- ☐ 10 to 19 days
- ☐ 20 to 29 days
- ☐ All 30 days

37. During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip on school property?

- ☐ 0 days
- ☐ 1 or 2 days
- ☐ 3 to 5 days
- ☐ 6 to 9 days
- ☐ 10 to 19 days
- ☐ 20 to 29 days
- ☐ All 30 days

38. During the past 30 days, how did you usually get your own chewing tobacco, snuff, or dip? (CHOOSE ONLY ONE ANSWER)

- ☐ I did not use chewing tobacco, snuff, or dip during the past 30 days
- ☐ I bought them in a store such as a convenience store, supermarket, discount store, or gas station
- ☐ I gave someone else money to buy them for me
- ☐ I borrowed (or bummed) them from someone else
- ☐ A person 18 years old or older gave them to me
- ☐ I took them from a store or family member
- ☐ I got them some other way

Cigars

39. Have you ever tried smoking cigars, cigarillos, or little cigars, even one or two puffs?

- ☐ Yes
- ☐ No



40. During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars?

- ☐ 0 days
- ☐ 1 or 2 days
- ☐ 3 to 5 days
- ☐ 6 to 9 days
- ☐ 10 to 19 days
- ☐ 20 to 29 days
- ☐ All 30 days

Pipe

41. During the past 30 days, on how many days did you smoke tobacco in a pipe?

- ☐ 0 days
- ☐ 1 or 2 days
- ☐ 3 to 5 days
- ☐ 6 to 9 days
- ☐ 10 to 19 days
- ☐ 20 to 29 days
- ☐ All 30 days

Bidis and Kreteks

THE NEXT QUESTIONS ARE ABOUT BIDIS (OR “BEEDIES”) AND KRETEKS (ALSO CALLED “CLOVE CIGARETTES”). BIDIS ARE SMALL BROWN CIGARETTES FROM INDIA CONSISTING OF TOBACCO WRAPPED IN A LEAF TIED WITH A THREAD. KRETEKS ARE CIGARETTES CONTAINING TOBACCO AND CLOVE EXTRACT.

42. Have you ever tried smoking any of the following:

- ☐ Bidis
- ☐ Kreteks
- ☐ I have tried both bidis and kreteks
- ☐ I have never smoked bidis or kreteks

43. During the past 30 days, on how many days did you smoke bidis?

- ☐ 0 days
- ☐ 1 or 2 days
- ☐ 3 to 5 days
- ☐ 6 to 9 days
- ☐ 10 to 19 days
- ☐ 20 to 29 days
- ☐ All 30 days

THE NEXT QUESTIONS ASK ABOUT YOUR THOUGHTS ABOUT TOBACCO.

44. Do you think that you will try a cigarette soon?

- ☐ I have already tried smoking cigarettes
- ☐ Yes
- ☐ No

45. Do you think you will smoke a cigarette at anytime during the next year?

- ☐ Definitely yes
- ☐ Probably yes
- ☐ Probably not
- ☐ Definitely not

46. Do you think you will be smoking cigarettes 5 years from now?

- ☐ I definitely will
- ☐ I probably will
- ☐ I probably will not
- ☐ I definitely will not

47. If one of your best friends offered you a cigarette, would you smoke it?

- ☐ Definitely yes
- ☐ Probably yes
- ☐ Probably not
- ☐ Definitely not

48. In the past 12 months, how often have your parents or guardians discussed the dangers of tobacco use with you?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Very often

49. **Do you think people can get addicted to using tobacco just like they can get addicted to using cocaine or heroin?**
- ☐ Definitely yes
 - ☐ Probably yes
 - ☐ Probably not
 - ☐ Definitely not
50. **Do you think young people who smoke cigarettes have more friends?**
- ☐ Definitely yes
 - ☐ Probably yes
 - ☐ Probably not
 - ☐ Definitely not
51. **Do you think smoking cigarettes makes young people look cool or fit in?**
- ☐ Definitely yes
 - ☐ Probably yes
 - ☐ Probably not
 - ☐ Definitely not
52. **Do you think young people risk harming themselves if they smoke from 1 - 5 cigarettes per day?**
- ☐ Definitely yes
 - ☐ Probably yes
 - ☐ Probably not
 - ☐ Definitely not
53. **Do you think it is safe to smoke for only a year or two, as long as you quit after that?**
- ☐ Definitely yes
 - ☐ Probably yes
 - ☐ Probably not
 - ☐ Definitely not
54. **Do you believe that light (low tar) cigarettes are somewhat less risky than regular (full flavor) cigarettes?**
- ☐ Yes, they are somewhat less risky
 - ☐ No, they pose the same risk
 - ☐ No, they are more risky

55. **Do you think you would be able to quit smoking cigarettes now if you wanted to?**
- ☐ I do not smoke now
 - ☐ Yes
 - ☐ No
56. **Have you ever participated in a program to help you quit using tobacco?**
- ☐ I have never used tobacco
 - ☐ Yes
 - ☐ No
57. **Does your school have any special groups or classes for students who want to quit using tobacco?**
- ☐ Yes
 - ☐ No
 - ☐ Not sure
58. **During this school year, were you taught in any of your classes about the dangers of tobacco use?**
- ☐ Yes
 - ☐ No
 - ☐ Not sure
59. **During this school year, did you practice ways to say NO to tobacco in any of your classes (for example, by role-playing)?**
- ☐ Yes
 - ☐ No
 - ☐ Not sure

THE NEXT QUESTIONS ASK ABOUT EVENTS YOU MAY HAVE ATTENDED OR WHAT YOU HAVE SEEN ON TV, AT THE MOVIES, OR ON THE INTERNET.

60. **During the past 12 months, have you participated in any community activities to discourage people your age from using cigarettes, chewing tobacco, snuff, dip, or cigars?**
- ☐ Yes
 - ☐ No
 - ☐ I did not know about any activities



61. During the past 30 days, have you seen or heard commercials on TV, the Internet, or on the radio about the dangers of cigarette smoking?

- ☐ Not in the past 30 days
- ☐ 1-3 times in the past 30 days
- ☐ 1-3 times per week
- ☐ Daily or almost daily
- ☐ More than once a day

62. When you watch TV or go to movies, how often do you see actors using tobacco?

- ☐ I don't watch TV or go to movies
- ☐ Most of the time
- ☐ Some of the time
- ☐ Hardly ever
- ☐ Never

63. When you are using the Internet, how often do you see ads for tobacco products?

- ☐ I don't use the Internet
- ☐ Most of the time
- ☐ Some of the time
- ☐ Hardly ever
- ☐ Never

SOME TOBACCO COMPANIES MAKE ITEMS LIKE SPORTS GEAR, T-SHIRTS, LIGHTERS, HATS, JACKETS, AND SUNGLASSES THAT PEOPLE CAN BUY OR RECEIVE FREE.

64. During the past 12 months, did you buy or receive anything that has a tobacco company name or picture on it?

- ☐ Yes
- ☐ No

65. Would you ever use or wear something that has a tobacco company name or picture on it such as a lighter, t-shirt, hat, or sunglasses?

- ☐ Definitely yes
- ☐ Probably yes
- ☐ Probably not
- ☐ Definitely not

66. Do you think that tobacco companies have tried to mislead young people to buy their products more than other companies?

- ☐ Definitely yes
- ☐ Probably yes
- ☐ Probably not
- ☐ Definitely not

THE NEXT QUESTIONS ASK ABOUT YOUR EXPOSURE TO TOBACCO USE.

67. During the past 7 days, on how many days were you in the same room with someone who was smoking cigarettes?

- ☐ 0 days
- ☐ 1 or 2 days
- ☐ 3 or 4 days
- ☐ 5 or 6 days
- ☐ 7 days

68. Which of these best describes the rules about smoking inside the house where you live? Smoking is...

- ☐ Never allowed inside my home
- ☐ Allowed only at some times or in some places
- ☐ Always allowed inside my home

69. Which of the following best describes the rules about smoking in the vehicle you drive or ride in the most? Smoking is ...

- ☐ Never allowed inside the vehicle
- ☐ Sometimes allowed inside the vehicle
- ☐ Always allowed inside the vehicle.

70. During the past 7 days, on how many days did you ride in a car with someone who was smoking cigarettes?

- ☐ 0 days
- ☐ 1 or 2 days
- ☐ 3 or 4 days
- ☐ 5 or 6 days
- ☐ 7 days



71. **What do you think employers should do about smoking in indoor areas in places where people work? Employers should...**
- ☐ Never allow smoking in places where people work
 - ☐ Allow smoking only at some times or in some places
 - ☐ Always allow smoking in places where people work
72. **Which of these best describes smoking where you work? Smoking is...**
- ☐ I do not have a job
 - ☐ Never allowed where I work
 - ☐ Allowed but only at some times or in some places
 - ☐ Always allowed where I work
73. **On how many of the past 7 days did you breathe the smoke from someone who was smoking in the place where you work?**
- ☐ I do not have a job
 - ☐ I have a job but did not work in the past 7 days.
 - ☐ 0 days
 - ☐ 1 to 3 days
 - ☐ 4 to 6 days
 - ☐ all 7 days
74. **Now think about indoor public places such as malls, movie theaters, clubs or restaurants. Which of these best describes what you think about smoking in indoor public places? Smoking should...**
- ☐ Never be allowed in indoor public places
 - ☐ Be allowed in indoor public places but only at some times or in some areas
 - ☐ Always be allowed in indoor public places
75. **Do you think the smoke from other people's cigarettes is harmful to you?**
- ☐ Definitely yes
 - ☐ Probably yes
 - ☐ Probably not
 - ☐ Definitely not

76. **Does anyone who lives with you now smoke cigarettes?**
- ☐ Yes
 - ☐ No
77. **Does anyone who lives with you now use chewing tobacco, snuff, or dip?**
- ☐ Yes
 - ☐ No
78. **How many of your four closest friends smoke cigarettes?**
- ☐ None
 - ☐ One
 - ☐ Two
 - ☐ Three
 - ☐ Four
 - ☐ Not sure
79. **How many of your four closest friends use chewing tobacco, snuff, or dip?**
- ☐ None
 - ☐ One
 - ☐ Two
 - ☐ Three
 - ☐ Four
 - ☐ Not sure



THE NEXT 7 QUESTIONS ASK ABOUT FOOD YOU ATE OR DRANK DURING THE PAST 7 DAYS. THINK ABOUT ALL THE MEALS AND SNACKS YOU ATE FROM THE TIME YOU GOT UP UNTIL YOU WENT TO BED. BE SURE TO INCLUDE FOOD YOU ATE AT HOME, AT SCHOOL, AT RESTAURANTS, OR ANYWHERE ELSE.

- 80. During the past 7 days, how many times did you drink 100% fruit juices such as orange juice, apple juice, or grape juice? (Do not count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)**
- ☐ I did not drink 100% fruit juice during the past 7 days
 - ☐ 1 to 3 times during the past 7 days
 - ☐ 4 to 6 times during the past 7 days
 - ☐ 1 times per day
 - ☐ 2 times per day
 - ☐ 3 times per day
 - ☐ 4 or more times per day
- 81. During the past 7 days, how many times did you eat fruit? (Do not include fruit juice.)**
- ☐ I did not eat fruit during the past 7 days
 - ☐ 1 to 3 times during the past 7 days
 - ☐ 4 to 6 times during the past 7 days
 - ☐ 1 time per day
 - ☐ 2 times per day
 - ☐ 3 times per day
 - ☐ 4 or more times per day
- 82. During the past 7 days, how many times did you eat green salad?**
- ☐ I did not eat green salad during the past 7 days
 - ☐ 1 to 3 times during the past 7 days
 - ☐ 4 to 6 times during the past 7 days
 - ☐ 1 time per day
 - ☐ 2 times per day
 - ☐ 3 times per day
 - ☐ 4 or more times per day

- 83. During the past 7 days, how many times did you eat potatoes? (Do not count French Fries, fried potatoes, or potato chips.)**
- ☐ I did not eat potatoes during the past 7 days
 - ☐ 1 to 3 times during the past 7 days
 - ☐ 4 to 6 times during the past 7 days
 - ☐ 1 time per day
 - ☐ 2 times per day
 - ☐ 3 times per day
 - ☐ 4 or more times per day
- 84. During the past 7 days, how many times did you eat carrots?**
- ☐ I did not eat carrots the past 7 days
 - ☐ 1 to 3 times during the past 7 days
 - ☐ 4 to 6 times during the past 7 days
 - ☐ 1 time per day
 - ☐ 2 times per day
 - ☐ 3 times per day
 - ☐ 4 or more times per day
- 85. During the past 7 days, how many times did you eat other vegetables? (Do not count green salad, potatoes, or carrots.)**
- ☐ I did not eat other vegetables during the past 7 days
 - ☐ 1 to 3 times during the past 7 days
 - ☐ 4 to 6 times during the past 7 days
 - ☐ 1 time per day
 - ☐ 2 times per day
 - ☐ 3 times per day
 - ☐ 4 or more times per day
- 86. During the past 7 days, how many glasses of milk did you drink? (Include the milk you drank in a glass or cup, from a carton, or with cereal. Count the half pint of milk served at school as equal to one glass.)**
- ☐ I did not drink milk during the past 7 days
 - ☐ 1 to 3 times during the past 7 days
 - ☐ 4 to 6 times during the past 7 days
 - ☐ 1 time per day
 - ☐ 2 times per day
 - ☐ 3 times per day
 - ☐ 4 or more times per day



**THE NEXT 3 QUESTIONS ASK ABOUT
PHYSICAL ACTIVITY.**

- 87. On how many of the past 7 days did you exercise or participate in physical activity for at least 20 minutes that made you sweat and breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities?**
- ☐ 0 days
 - ☐ 1 day
 - ☐ 2 days
 - ☐ 3 days
 - ☐ 4 days
 - ☐ 5 days
 - ☐ 6 days
 - ☐ 7 days
- 88. On how many of the past 7 days did you participate in physical activity for at least 30 minutes that did not make you sweat or breathe hard, such as fast walking, slow bicycling, skating, pushing a lawn mower, or mopping floors?**
- ☐ 0 days
 - ☐ 1 day
 - ☐ 2 days
 - ☐ 3 days
 - ☐ 4 days
 - ☐ 5 days
 - ☐ 6 days
 - ☐ 7 days
- 89. In how many of the past 7 days did you do exercises to strengthen or tone your muscles, such as push-ups, sit-ups, or weight lifting?**
- ☐ 0 days
 - ☐ 1 day
 - ☐ 2 days
 - ☐ 3 days
 - ☐ 4 days
 - ☐ 5 days
 - ☐ 6 days
 - ☐ 7 days

END OF SURVEY

**THANK YOU FOR COMPLETING THE
YOUTH TOBACCO SURVEY!!**